

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	GG	12/29	10/29
RESPONSE FORMALITY REVIEW	3/	1021	11-12-01
			02/26/02

INDEX OF CLAIMS

**BEST AVAILABLE COPY**..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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